Rec'd PCT/PTO 3 0 SEP 2005 10/522164 No.

COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: Method for making biochips.

			•	•
the specification o	f which: (check or	ne)		
•		REGULAR OR DESIG	N APPLICATION	*
is attach	ed hereto.	*.		
			the Constant	
was filed			tion Serial No.	
and was	amended on	(if	applicable).	•
•	PCT FII	LED APPLICATION ENT	ERING NATIONAL STAGE	
and as a	mended on	_(if any).	ion No. <u>PCT/FR03/02318</u> filed on	
I hereby state that claims, as amende	t I have reviewed ed by any amendm	and understand the cor ent referred to above.	itents of the above-identified spe	cification, including the
I acknowledge the Regulations, §1.56		nformation which is mater	ial to patentability as defined in T	itle 37, Code of Federal
Count		PRIOR FOREIGN AI	PPLICATION(S) Date of Filing	Priority
Count	' ^y	Number	(day, month, year)	Claimed
FRAN	CE J:	0209456	25 juillet 2002 /	Yes
				· · · · · · · · · · · · · · · · · · ·
I hereby claim the tion(s) listed below			§119(e) of any United States prov	risional patent applica-
Application No.		Filing Date	Status (patented, p	ending abandoned)
(Complete this par	t only if this is a co	ontinuing application.)	9	
ject matter of each provided by the fir patentability as de	of the claims of the st paragraph of 3 fined in Title 37 C	nis application is not disc 5 USC 112, I acknowled ode of Federal Regulation	states application(s) listed below a losed in the prior United States a dge the duty to disclose informat ns §1.56 which became available ling date of this application:	oplication in the manner ion which is material to
Application No.	·	Filing Date	Status (patented, p	ending abandoned)

Rec'd PCT/PTO 3 0 SEP 2009 10/52216 Cocket No.

POWER OF ATTORNEY

The undersigned hereby authorizes the U.S. attorney or agent named herein to accept and follow instructions from as to any action to be taken in the Patent and Trademark Office regarding this application without direct communication between the U.S. attorney or agent and the undersigned. In the event of a change in the persons from whom instructions may be taken, the U.S. attorney or agent named herein will be so notified by the undersigned.

As a named inventor, I hereby appoint the registered patent attorneys represented by Customer No. 00466 to prosecute this application and transact all business in the Patent and Trademark Office connected therewith, including: Robert J. PATCH, Reg. No. 17,355, Andrew J. PATCH, Reg. No. 32,925, Robert F. HARGEST, Reg. No. 25,590, Benoît CASTEL, Reg. No. 35,041, Thomas W. PERKINS, Reg. No. 33,027, Roland E. LONG, Jr., Reg. No. 41,949, Eric JENSEN, Reg. No. 37,855, and Liam MCDOWELL, Reg. No. 44,231,

c/o YOUNG & THOMPSON Second Floor 745 South 23rd Street Arlington, Virginia 22202 Customer Number 00466

Address all telephone calls to Young & Thompson at 703/521-2297. Telefax: 703/685-0573.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

-00	Full name of sole or first inventor: <u>IELLIER Charles</u>		······
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	Residence: 29, avenue de l'Engoulevent - 44300 NANTES - France	Citizenship:	France
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3-15	Full name of third joint inventor, if any: ,		•
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400	Full name of fourth joint inventor, if any: BUJOLI Bruno		
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Residence:	Citizenship:	
D. A.O. C. A.		
Full name of seventh joint inventor, if any:		
Inventor's signature:	Date:	
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Post Office Address:	•	
Full name of eighth joint inventor, if any:		
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Residence:	•	
Post Office Address:	the state of the s	
Full name of ninth joint inventor, if any:		:
Inventor's signature:	Date:	
Residence:	. /8	
Post Office Address:	•	